



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/02/2013
FORM APPROVED
OMB NO. 0938-0391

1362

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER AVALON HEALTH & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 N 22ND AVENUE PASCO, WA 99301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Fire and Life Safety Complaint WAIVER Investigation conducted at Avalon Health and Rehabilitation Center, 2004 N 22nd Avenue, Pasco, Washington, by a representative of the Washington State Fire Marshal's Office. The complaint from the Department of Social and Health Services, (Complaint Resolution Unit) has an Intake ID number of 2870050, which states: Complaint forms are needed for the following waiver follow-up inspections: Avalon Health and Rehab-Pasco. Provider #505126.</p> <p>The facility has provided a copy of the Waiver Approval letter dated August 21, 2013 that extended the installation of the remote enunciator for the generator - K144. Investigation today revealed that the installation of the remote annunciator has both visual and audible functions and installation is accepted as meeting the requirements for remote annunciators for generators. No further investigation is required for this complaint-waiver.</p> <p>Based upon observations and interviews with the Administrator and the Maintenance Director, Avalon Health & Rehabilitation - Pasco is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 28058</p>	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10-2-13
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002		K 000		

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